

Please PRINT and answer all questions.

SCHOOL YEAR 2009-2010

**St. Jerome School**  
NEW STUDENT APPLICATION FORM  
\$50 Non-Refundable Application Fee  
Individual Student Information

Student's Legal Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Last First Middle Initial

Address \_\_\_\_\_ Gender: M F

City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

City/State County

Name of Parent/Guardian \_\_\_\_\_

Religion of Child

(Please check)

\_\_\_\_\_ Catholic

\_\_\_\_\_ Other \_\_\_\_\_

(specify)

Ethnic Groups (Please check)

\_\_\_\_\_ White

\_\_\_\_\_ Black

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Multiracial

\_\_\_\_\_ Asian

\_\_\_\_\_ American Indian

\_\_\_\_\_ Pacific Islander

• Name(s) and age(s) of siblings: \_\_\_\_\_

• Do all other children in Grades 1 through High School attend Catholic Religious Instruction? Yes No  
(Circle One)

• Please indicate pertinent medical information (eye/hearing disorder, asthma, allergies, etc.) \_\_\_\_\_

• Are you aware of any psychological/educational/emotional concerns that would affect your child's academic success? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

• Student currently attends \_\_\_\_\_ school.

• Address of school student currently attends \_\_\_\_\_

• During the 2008-2009 school year, the student was in the \_\_\_\_\_ grade.

• Is this student currently enrolled in CCD? Yes \_\_\_\_\_ No \_\_\_\_\_

• Where (Name of School or Church) \_\_\_\_\_

• Has this child ever been in a CCD program? Yes \_\_\_\_\_ No \_\_\_\_\_

• How many years? \_\_\_\_\_ Highest grade he/she attended in CCD \_\_\_\_\_

Baptism \_\_\_\_\_  
(Date) (Name of Church) (City) (State)

Communion \_\_\_\_\_  
(Date) (Name of Church) (City) (State)

Confirmation \_\_\_\_\_  
(Date) (Name of Church) (City) (State)

Did an administration, teacher, staff member or family of another student at St. Jerome School recommend our school to you? If so, please provide name: \_\_\_\_\_.